

03-23-05

3628 \$
87W



Express Mail Label No.: EV458034984US

16999-00005
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Williams et al. : Art Unit: 3628
Serial No.: 09/558,980 : Examiner: Debra F. Charles
Filed: April 27, 2000 :
For: SYSTEMS AND METHODS :
FOR ASSET VALUATION :

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

In response to the Office Action dated November 22, 2004, Applicants respectfully request consideration and entry of the following amendment.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Williams et al. : Art Unit: 3628
Serial No.: 09/558,980 : Examiner: Debra F. Charles
Filed: April 27, 2000 :
For: SYSTEMS AND METHODS :
FOR ASSET VALUATION :

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pgs., in duplicate); Amendment in Response to Office Action dated November 22, 2004 and made final (43 pgs.); Return post card

STATUS

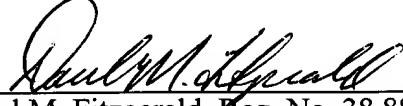
2. Applicant claims small entity status.
 is other than a small entity.

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS**

Express Mail Label No.: EV458034984US

Date: March 22, 2005

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Daniel M. Fitzgerald, Reg. No. 38,880

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input checked="" type="checkbox"/> first month	\$ 120.00	\$ 60.00
<input type="checkbox"/> second month	\$ 450.00	\$ 225.00
<input type="checkbox"/> third month	\$ 1,020.00	\$ 510.00
<input type="checkbox"/> fourth month	\$1,590.00	\$ 795.00
<input type="checkbox"/> fifth month	\$2,160.00	\$1,080.00
	Fee Due	\$ 120.00

If an additional extension of time is required, please consider this a petition therefor.
(Check and complete the next item, if applicable)

- An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 120.00

OR

- (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY		OTHER THAN SMALL ENTITY	
			ADDITIONAL RATE FEE OR	ADDITIONAL RATE FEE		
TOTAL INDEP.	MINUS	=	x \$25.00 = \$		x \$50.00 = \$	
	MINUS	=	x \$100.00 = \$		x \$200.00 = \$	
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$180.00 = \$		+ \$360.00 = \$	
			TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$	

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required \$

FEE PAYMENT

5. _____ Attached is a check in the sum of \$_____

Charge Deposit Account No. 01-2384 the sum of \$ 120.00
A duplicate of this transmittal is attached.

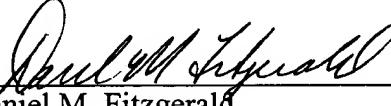
FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other:



Daniel M. Fitzgerald
Reg. No. 38,880
ARMSTRONG TEASDALE LLP
One Metropolitan Square, Suite 2600
St. Louis, MO 63102
314/621-5070